

## Checklist to Evaluate MDV Applications

Form 3200-145  
 3/9/2016

<p>Notice: This checklist is meant to be a tool to help DNR staff review municipal and industrial multi-discharger variance (MDV) applications (Forms 3200-150 and 3200-149). Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).</p>				
Permittee Name				
WPDES Permit Number				
County				
1. Did the point source apply for the MDV at the appropriate time?		<input type="checkbox"/> Yes <input type="checkbox"/> No. <i>STOP- facility not eligible at this time.</i>		See Questions 1-3.
2. This operation is (check one):		<input type="checkbox"/> New or relocated outfall. <i>STOP- facility not eligible.</i> <input type="checkbox"/> Existing outfall		See Questions 5-6.
3. The point source is located in an MDV eligible area:		<input type="checkbox"/> Yes <input type="checkbox"/> No. <i>STOP- facility not eligible.</i>		Apply County information to Appendix H. Additional information provided in Q7 on municipal form & Q7-8 on industrial form.
4. The secondary indicator score for the county (counties) the discharge is located is:				See Appendices A-F. If the score is less than 2, stop. The facility is not eligible. See Q23 on municipal form & Q28 on industrial form.
5. A major facility upgrade is required to comply with phosphorus limits:		<input type="checkbox"/> Yes <input type="checkbox"/> No. <i>STOP- facility not eligible.</i>		See Q8 on municipal form/Q9 on industrial form.
6. List the months where phosphorus limits cannot be achieved during the permit term:		<input type="checkbox"/> All <input type="checkbox"/> Jan <input type="checkbox"/> Apr <input type="checkbox"/> July <input type="checkbox"/> Oct <input type="checkbox"/> Feb <input type="checkbox"/> May <input type="checkbox"/> Aug <input type="checkbox"/> Nov <input type="checkbox"/> Mar <input type="checkbox"/> June <input type="checkbox"/> Sep <input type="checkbox"/> Dec		Consider checking with limit calculator. If this does not match information in application, the application should be updated prior to approval.
7. What is the current effluent level achievable?				
Outfall Number(s):	Conc. (mg/L)	Method for calculation: <input type="checkbox"/> 30-day P99 <input type="checkbox"/> Other, specify:	Does this concur with application? <input type="checkbox"/> Yes <input type="checkbox"/> No, why not:	DNR staff should verify the effluent concentration value(s) provided. See Q11 on municipal form & Q12 on industrial form.
8. What is the appropriate interim limitation(s) for the permit term?				
Provide Rationale:				
<p><i>Note: See description in Section 2.02 of the MDV implementation guidance. Interim limitations should reflect the "highest attainable condition" for the permittee in question pursuant to s. 283.16(7), Wis. Stat.</i></p>				
9. For Industries Only- Where does the phosphorus in the		<input type="checkbox"/> Process <input type="checkbox"/> Additive Usage		See Q14-15 & 19 on industrial form. If the answer is "possibly" or "not

effluent come from? (check all that apply)	<input type="checkbox"/> Water supply <i>Can intake credits be given or can the facility use an alternative water supply?</i> <input type="checkbox"/> Not feasible <input type="checkbox"/> Possibly, but further analysis needed <input type="checkbox"/> Not evaluated at this time	<i>evaluated”, the schedule section of the MDV permit should contain a requirement to perform this analysis.</i>
10. Has this facility optimized?	<input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No	<i>See Q14 on municipal form &amp; Q16 &amp; 20 on industrial form. Facility must optimize and operate at an optimize treatment level (s. 283.16(6)(a), Wis. Stat.)If no will need compliance schedule.</i>
11. Has a facility plan/compliance alternative plan been completed for the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No	<i>See Q15 on municipal form &amp; Q17 on industrial form.</i>
12. What is the projected cost for complying with phosphorus?  Source:	\$	<i>Facility must submit site-specific compliance costs. If cost projections are used from EIA, the permittee must certify that these costs are reasonable for the facility in question. See “projected compliance costs” in Section 2.02 of the MDV Implementation Guidance for details.</i>
Comments on planning efforts:		
13. Adaptive management and water quality trading are viable:	<input type="checkbox"/> Yes <input type="checkbox"/> Perhaps. Additional analysis required. <input type="checkbox"/> No	<i>See Q18-21 on municipal form &amp; Q22-25 on industrial form. If additional analyses required, the applicant may need to complete this analysis during the MDV permit term.</i>
14. Has the point source met the appropriate primary screener?	<input type="checkbox"/> Yes <input type="checkbox"/> No. STOP- facility not eligible.	<i>See Q4 of this form in addition to the “eligibility” guidance in Section 2.01 of the MDV Implementation Guidance.</i>
Comments on economic demonstration:		

15. What watershed option was selected?	
<input type="checkbox"/> County project option. <i>Complete Section 5.</i>	
<input type="checkbox"/> Binding, written agreement with the DNR to construct a project or implement a watershed plan. <i>Complete Section 4.</i>	
<input type="checkbox"/> Binding, written agreement with another person that is approved by the DNR to construct a project or implement a watershed plan. <i>Complete Section 4.</i>	
<b>Section 4. Watershed Plan Review</b>	
16. MDV Plan Number: <i>Note: This is for tracking purposes. Contact Statewide Phosphorus Implementation Coordinator for the plan number.</i>	
17. Did the point source complete Form XXXX-XXX?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the project area in the same HUC 8 watershed as the point of discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No. <i>STOP- Watershed plan must be updated.</i>
19. What is the annual offset required? <i>See Section 2.03 of the MDV implementation guidance. If this value is different from the offset target provided in form XXXX-XXX, the watershed plan should be amended.</i>	
20. Does the plan ensure that the annual load is offset annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No. <i>STOP- Watershed plan must be updated.</i>
21. Are projects occurring on land owned/operated by a CAFO or within a permitted MS4 boundary? <input type="checkbox"/> Yes. <i>Work with appropriate DNR staff to ensure projects are not working towards other permit compliance.</i> <input type="checkbox"/> No.	
22. Are other funding sources being used as part of the MDV watershed project? <input type="checkbox"/> Yes. <i>Work with appropriate DNR staff to ensure that funding sources can be appropriately used in the plan area.</i> <input type="checkbox"/> No.	
23. Do you have any concerns about the watershed project: <i>Note: Coordinate with other DNR staff as appropriate.</i>	<input type="checkbox"/> Yes. <i>STOP- Watershed plan must be updated.</i> <input type="checkbox"/> No
Comments:	
<b>Section 5. Payment to the County(ies)</b>	
24. At this time, the appropriate per pound payment is: <i>See "Payment Calculator" document at <a href="\\central\water\WQWT_PROJECTS\WY_CW_Phosphorus\MDV">\\central\water\WQWT_PROJECTS\WY_CW_Phosphorus\MDV</a>.</i>	
<b>Section 6. Determination</b>	
Based on the available information, the MDV application is: <input type="checkbox"/> Approved <input type="checkbox"/> Request for more information <input type="checkbox"/> Denied	

**Checklist to Evaluate MDV  
Applications**

Form 3200-145  
3/9/2016

Additional Justification (if needed):          	
Preparer Name	Title
Signature of Preparer	Date

**A copy of this completed checklist should be saved in SWAMP, and a notification of the decision should be sent to the Phosphorus Implementation Coordinator.**

<b><u>Participant Information</u></b>			
County			
Name of County Department Participating			
Street Address			
City		State	Zip Code
Contact Name		Title	
Email		Phone Number	
Address (if different than above)			
City		State	Zip Code
List the HUC 8 Watershed(s) in which the County wishes to receive funding:			
<u>HUC 8 Name</u>		<u>HUC 8 Code</u>	
Has the county board, land conservation committee or other authorized county representative (e.g. county executive or administrator) been notified of the county's participation in the MDV? (Attach meeting minutes or other supporting documentation)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the county board, land conservation committee or other authorized county representative approved the county's participation in the MDV? (Attach resolutions and other supporting documentation)			Yes <input type="checkbox"/> No <input type="checkbox"/>
The County is eligible to receive funds generated from the MDV. By receiving these funds the County commits to submit a watershed plan on March 1 <sup>st</sup> of the next calendar year and complete an annual report to the Department no later than May 1 <sup>st</sup> of the second year after receiving a payment			Yes <input type="checkbox"/> No <input type="checkbox"/>
I certify that the information provided is true, accurate, and complete.			
Authorized Representative Submitting Request		Title	Date

**Notice:** This form was created by the Wisconsin Department of Natural Resources. This watershed plan is required pursuant to Wis. Stat. s. 283.16(8)(b)2m. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31 - 19.39, Wis. Stats.].

Please read the instructions prior to completion of this form. Instructions can be found in Section 3.04 of the Multi-Discharger Variance (MDV) implementation guidance. Complete all sections as applicable.

<b>Section 1. County Information</b>			
Plan Name			
County			
Name of County Department			
Street Address			
City		State	Zip Code
Contact Name		Title	
Email		Phone Number	
Address (if different than above)			
City		State	Zip Code
<b>Section 2. Plan Information</b>			
This plan is a:			
<input type="checkbox"/> Small-scale plan <input type="checkbox"/> Large-scale plan ( <i>Complete sections 5 and 6</i> )			
Is the county collaborating with other counties in this plan?		<input type="checkbox"/> Yes, specify: <input type="checkbox"/> No	
8-digit Hydrologic Unit Code (HUC 8) <i>Note: May only have one per form.</i>			
Name of HUC 8			
Targeted 12-digit Hydrologic Unit Code(s) (HUC 12)			
Surface Waters Targeted for This Plan:			
Name:	WBIC:	<input type="checkbox"/> TP Impaired Water	<input type="checkbox"/> EPA-Approved TMDL for TP
Name:	WBIC:	<input type="checkbox"/> TP Impaired Water	<input type="checkbox"/> EPA-Approved TMDL for TP
Name:	WBIC:	<input type="checkbox"/> TP Impaired Water	<input type="checkbox"/> EPA-Approved TMDL for TP
Name:	WBIC:	<input type="checkbox"/> TP Impaired Water	<input type="checkbox"/> EPA-Approved TMDL for TP
Maps and Photographs:			
<input type="checkbox"/> An 8.5" X 11" map from the DNR data/map viewers, showing the plan area, is attached.			
<input type="checkbox"/> Aerial photo maps and project area photos are included of known individual project locations.			
Does the plan area have the greatest potential to reduce the amount of phosphorus per acre entering waters of the state compared to other HUC 12(s) in the County?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Describe analyses of land use and land management practices that were used to make this determination (check all that apply and provide date of analyses; please attach supporting materials as appropriate):			
<input type="checkbox"/> Water Quality Modeling – SWAT, STEPL, Other Specify:		DATE:	Page Number/Section:
<input type="checkbox"/> DATCP-Approved County Land and Water Resource Management Plan		DATE:	Page Number/Section:
<input type="checkbox"/> EPA-Approved TMDL Report		DATE:	Page Number/Section:

<input type="checkbox"/> DNR-Approved 9 Element Watershed Plan	DATE:	Page Number/Section:
<input type="checkbox"/> TMDL Implementation Plan	DATE:	Page Number/Section:
<input type="checkbox"/> EVAAL	DATE:	Page Number/Section:
<input type="checkbox"/> WQ Monitoring and/or Habitat Evaluation	DATE:	Page Number/Section:
<input type="checkbox"/> SNAP-Plus	DATE:	Page Number/Section:
<input type="checkbox"/> Surveys of cropland and/or animal feeding operations	DATE:	Page Number/Section:

Other, Describe:

This watershed project plan is consistent with the following existing plans: (Check all that apply)

<input type="checkbox"/> DATCP-Approved County Land and Water Resource Management Plan	Expiration Date:
<input type="checkbox"/> DNR-Approved 9-Key Element Plan	Expiration Date:
<input type="checkbox"/> DNR-Approved TMDL Implementation Plan	Expiration Date:
<input type="checkbox"/> EPA-Approved TMDL Report	Expiration Date:
<input type="checkbox"/> Previous MDV Watershed Plan	Expiration Date:
<input type="checkbox"/> Other, Specify:	Expiration Date:

**General Plan Summary.** For small-scale plans, include description of current and future land uses, outreach activities to occur during plan, and other pertinent information.

Letters of support from affected landowners/land operators or survey results for the plan area are attached.

<b>Section 3. Agricultural Nonpoint Source Projects</b>					
<i>Note: See Section 8 for applicable MDV funding restrictions.</i>					
<b>What are the agricultural performance standards &amp; prohibitions to be addressed in the plan area? (check all that apply)</b>					
Performance Number	Performance standard & prohibition to be addressed				
1	<input type="checkbox"/>	Sheet, rill, and wind erosion. (NR 151.02)			
2	<input type="checkbox"/>	Tillage setback. (NR 151.03)			
3	<input type="checkbox"/>	Phosphorus index. (NR 151.04)			
4	<input type="checkbox"/>	Manure storage facilities-new/significant alterations. (NR 151.05(2))			
5	<input type="checkbox"/>	Manure storage facilities-closure. (NR 151.05(3))			
6	<input type="checkbox"/>	Manure storage facilities-existing failing/leaking. (NR 151.05(4))			
7	<input type="checkbox"/>	Process wastewater handling. (NR 151.055)			
8	<input type="checkbox"/>	Clean water diversions. (NR 151.06)			
9	<input type="checkbox"/>	Nutrient management. (NR 151.07)			
10	<input type="checkbox"/>	Prohibition: Prevention of overflow from manure storage facilities. (NR 151.08(2))			
11	<input type="checkbox"/>	Prohibition: Prevention of unconfined manure piles in water quality management areas (within 300 feet of a stream, 1000 feet. of a lake, or areas where the groundwater is susceptible to contamination). (NR 151.08(3))			
12	<input type="checkbox"/>	Prohibition: Prevention of direct runoff from a feedlot or stored manure into waters of the state. (NR 151.08(4))			
13	<input type="checkbox"/>	Prohibition: Prevention of unlimited livestock access to waters of the state where high concentrations of animals prevent the maintenance of adequate sod cover or self-sustaining vegetation. (NR 151.08(5))			
14	<input type="checkbox"/>	Other, specify:			
<b>What are the agricultural best management practices (BMPs) to be implemented? (check all that apply)</b>					
	Practice	Wis. Adm. Code	Performance Standards to Be Addressed <i>Note: Insert performance number(s) listed above</i>	Method to Quantify Phosphorus Reduction	Priority Ranking of Practices (High, Medium, Low)
<input type="checkbox"/>	Manure Storage Systems	NR 154.04(3)			
<input type="checkbox"/>	Manure Storage System Closure	NR 154.04(4)			
<input type="checkbox"/>	Barnyard Runoff Control Systems	NR 154.04(5)			
<input type="checkbox"/>	Access Roads & Cattle Crossings	NR 154.04(6)			
<input type="checkbox"/>	Animal Trails and Walkways	NR 154.04(7)			
<input type="checkbox"/>	Critical Area Stabilization	NR 154.04(10)			
<input type="checkbox"/>	Diversions	NR 154.04(11)			
<input type="checkbox"/>	Field Windbreaks	NR 154.04(12)			
<input type="checkbox"/>	Filter Strips	NR 154.04(13)			

<input type="checkbox"/>	Grade Stabilization	NR 154.04(14)			
<input type="checkbox"/>	Heavy Use Area Protection	NR 154.04(15)			
<input type="checkbox"/>	Lake Sediment Treatment	NR 154.04(16)			
<input type="checkbox"/>	Livestock Fencing	NR 154.04(17)			
<input type="checkbox"/>	Livestock Watering Facilities	NR 154.04(18)			
<input type="checkbox"/>	Prescribed Grazing	NR 154.04(22)			
<input type="checkbox"/>	Relocating or Abandoning Animal Feeding Operations	NR 154.04(23)			
<input type="checkbox"/>	Riparian Buffers	NR 154.04(25)			
<input type="checkbox"/>	Roofs	NR 154.04(26)			
<input type="checkbox"/>	Roof Runoff Systems	NR 154.04(27)			
<input type="checkbox"/>	Sediment Basins	NR 154.04(28)			
<input type="checkbox"/>	Sinkhole Treatment	NR 154.04(30)			
<input type="checkbox"/>	Subsurface Drains	NR 154.04(33)			
<input type="checkbox"/>	Terrace Systems	NR 154.04(34)			
<input type="checkbox"/>	Underground Outlets	NR 154.04(35)			
<input type="checkbox"/>	Waste Transfer Systems	NR 154.04(36)			
<input type="checkbox"/>	Wastewater Treatment Strips	NR 154.04(37)			
<input type="checkbox"/>	Water and Sediment Control Basins	NR 154.04(38)			
<input type="checkbox"/>	Waterway Systems	NR 154.04(39)			
<input type="checkbox"/>	Well Decommissioning	NR 154.04(40)			
<input type="checkbox"/>	Wetland Development or Restoration	NR 154.04(41)			
Process Wastewater Handling: NR 154.04(29) & NRCS 629					
<input type="checkbox"/>	Milking Center Waste Control Systems				
<input type="checkbox"/>	Feed Storage Leachate				
Streambank and Shoreline Protection: NR 154.04(31) (includes associated fencing)					
<input type="checkbox"/>	Stream Crossing				
<input type="checkbox"/>	Streambank/Shoreline Rip-rapping				
<input type="checkbox"/>	Streambank/Shoreline Shaping & Seeding				
Cropping Practices					
<input type="checkbox"/>	Contour Farming	NR 154.04(8)			
<input type="checkbox"/>	Cover & Green Manure Crop	NR 154.04(9)			
<input type="checkbox"/>	Nutrient Management	NR 154.04(20)			
<input type="checkbox"/>	Pesticide Management	NR 154.04(21)			
<input type="checkbox"/>	Residue Management	NR 154.04(24)			

<input type="checkbox"/>	Strip-Cropping	NR 154.04(32)		
<input type="checkbox"/>	Other (specify practice and method of quantification)			

**Section 4. Financial Budget**

Project Activity	Planned quantity/units	Estimated Total Cost	Estimated MDV amount to be spent this calendar year	Estimated MDV amount to be spent next calendar year
Structural BMPs:				
<i>Construction Subtotal</i>	--	\$	\$	\$
Cropping and Other BMPs:				
<i>Other BMP Subtotal</i>	--	\$	\$	\$
Monitoring:				
<i>Monitoring Subtotal</i>	--	\$	\$	\$

Staffing:	--			
	--			
	--			
<i>Staffing Subtotal</i>	--	\$	\$	\$
Other:	--			
	--			
	--			
	--			
<b>Grand Total</b>	--	<b>\$</b>	<b>\$</b>	<b>\$</b>

Describe all other funds that will compliment MDV funds in plan:

**Section 5. Other Plan Components**

Method for verifying practices remain implemented and/or maintained over time: (Check all that apply)

- Written agreements/contracts
- Visual inspections and inspection reports
- Photography
- Surveys of participating landowners/land operators
- Other; Specify:

**Monitoring**

*Note: It is strongly recommended that all large-scale plans have or develop a monitoring strategy and complete this section.*

A monitoring strategy has been developed | Page number(s)/section:

Type of monitoring:

- In-stream/lake water quality monitoring
- Edge-of-field monitoring

Check all pollutants to be monitored:

- Total Phosphorus
- Total Nitrogen
- Total Suspended Solids
- Other, Specify:

Describe location and protocols and persons/organizations that will be used to gather monitoring data: (include map of sample sites and locations). *Note: May include section/page number information if included in a separate approved plan.*

**Section 6. Extended Plans**

*It is strongly recommended that large-scale MDV plan areas develop a 9 key element plan or already have a DNR-approved 9 key element plan.*

The county is developing a 9 key element plan. Anticipated completion date:

A DNR-approved 9-key element plan already exists.

Title of Plan:		
Web Link to Plan:		
Please provide the page numbers/sections where the following 9-key elements are in the approved plan:		
<i>Element:</i>	<i>Page Number/Section:</i>	
Outreach/education activities		
Schedule for implementing management measures		
Criteria to determine whether load reductions are or are not being achieved over time		
<i>Estimate the load reductions expected from the management measures described under Section 3:</i>	<i>Method for approximation:</i>	
Total Phosphorus:		
Total Nitrogen:		
Sediment:		
<b>Section 7. Certifications</b>		
<i>Note: This section applies to all plans. Please check all applicable boxes. As the authorized representative of the county, I agree to the following requirements. Counties must certify all of the following by checking each box. DNR understands that this section will be completed based on currently available information at the time this plan was completed.</i>		
<input type="checkbox"/>	MDV funding will not be used to implement or maintain practices that were previously funded or implemented via another local, state, or federal program.	
<input type="checkbox"/>	MDV payments will not be made for practices to maintain or restore compliance with a performance standard on farmland if a local or state agency has previously determined that the farmland has achieved compliance with that performance standard.	
<input type="checkbox"/>	For plans outside a TMDL area, MDV funds will only be used toward NR 151 compliance; OR For plans within a TMDL area, MDV funds will only be used towards NR 151 compliance and/or compliance with load allocations specified in an EPA-approved TMDL.	
<input type="checkbox"/>	MDV funding will not be used to fund activities and practices required to comply with a MS4 or CAFO WPDES permit.	
<input type="checkbox"/>	At least 65% of the MDV funds received will be spent on practices identified in Section 3.	
<input type="checkbox"/>	MDV funds will be placed in an interest bearing account prior to use. Interest will be used to implement additional NPS practices in accordance with this plan.	
<input type="checkbox"/>	MDV funds provided for this annual watershed plan will be used within 24 months of submitting this plan to DNR unless a request is granted for an additional 12-month extension.	
<input type="checkbox"/>	The County is eligible to receive funds generated from the MDV. By receiving these funds the County commits to submit a watershed plan on March 1 <sup>st</sup> of next year and complete an annual report to the Department no later than May 1 <sup>st</sup> of the second year after receiving a payment	
I certify that the information provided is true, accurate, and complete.		
Authorized Representative Submitting Request	Title	Date

**Notice:** This form was created by the Wisconsin Department of Natural Resources. This watershed plan is hereby made to the Wisconsin Department of Natural Resources pursuant to ss. 283.16(8)(b)2 and 3, Wis. Stats. This checklist is not meant to cover watershed plans developed by Counties under the "county payment" option pursuant to s. 283.16(8)(b)1, Wis. Stat. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31 - 19.39, Wis. Stats.].

Please read the instructions prior to completion of this form. Instructions can be found in the Multi-Discharger Variance (MDV) implementation guidance. Complete all sections as applicable.

<b>Section 1. Applicant Information</b>			
Permittee Name		Permit Number	
Facility Street Address			
City		State	Zip Code
Contact Name		Title	
Email		Phone Number	
Address (if different than above)			
City		State	Zip Code
<b>Section 2. Project Information</b>			
The plan was developed by:			
<input type="checkbox"/> The permittee pursuant to s. 283.16(8)(b)2, Wis. Stat. <input type="checkbox"/> The permittee and a third party pursuant to s. 283.16(8)(b)3, Wis. Stats. Specify and provide third party contact information (if different from Section 1):			
Project County(ies)			
8-digit Hydrologic Unit Code (HUC 8)			
12-digit Hydrologic Unit Codes (HUC 12)			
Maps and Photographs:			
<input type="checkbox"/> An 8.5" X 11" map from the DNR data/map viewers, showing the plan area, is attached.			
<input type="checkbox"/> Aerial photo maps and project area photos are included of known individual project locations.			
Surface Waters Targeted for This Project:			
Name:	WBIC:	<input type="checkbox"/> TP Impaired Water	<input type="checkbox"/> EPA-Approved TMDL for TP
Name:	WBIC:	<input type="checkbox"/> TP Impaired Water	<input type="checkbox"/> EPA-Approved TMDL for TP
Name:	WBIC:	<input type="checkbox"/> TP Impaired Water	<input type="checkbox"/> EPA-Approved TMDL for TP
Name:	WBIC:	<input type="checkbox"/> TP Impaired Water	<input type="checkbox"/> EPA-Approved TMDL for TP
<b>Section 3. Agricultural Nonpoint Source Projects</b>			
<i>Note: See Section 6 for applicable MDV funding restrictions.</i>			
<b>What are the agricultural performance standards &amp; prohibitions to be addressed in the plan area? (check all that apply)</b>			
<input type="checkbox"/>	Sheet, rill, and wind erosion. (NR 151.02)		
<input type="checkbox"/>	Tillage setback. (NR 151.03)		
<input type="checkbox"/>	Phosphorus index. (NR 151.04)		

<input type="checkbox"/>	Manure storage facilities-new/significant alterations. (NR 151.05(2))
<input type="checkbox"/>	Manure storage facilities-closure. (NR 151.05(3))
<input type="checkbox"/>	Manure storage facilities-existing failing/leaking. (NR 151.05(4))
<input type="checkbox"/>	Process wastewater handling. (NR 151.055)
<input type="checkbox"/>	Clean water diversions. (NR 151.06)
<input type="checkbox"/>	Nutrient management. (NR 151.07)
<input type="checkbox"/>	Prohibition: Prevention of overflow from manure storage facilities. (NR 151.08(2))
<input type="checkbox"/>	Prohibition: Prevention of unconfined manure piles in water quality management areas (within 300 feet of a stream, 1000 feet. of a lake, or areas where the groundwater is susceptible to contamination). (NR 151.08(3))
<input type="checkbox"/>	Prohibition: Prevention of direct runoff from a feedlot or stored manure into waters of the state. (NR 151.08(4))
<input type="checkbox"/>	Prohibition: Prevention of unlimited livestock access to waters of the state where high concentrations of animals prevent the maintenance of adequate sod cover or self-sustaining vegetation. (NR 151.08(5))
<input type="checkbox"/>	Other, specify:

**What are the agricultural best management practices (BMPs) to be implemented? (check all that apply)**

	<i>Practice</i>	<i>Wis. Adm. Code</i>	<i>Estimated/Calculated Offset Generated</i>	<i>Method to Quantify Phosphorus Reduction</i>
<input type="checkbox"/>	Manure Storage Systems	NR 154.04(3)		
<input type="checkbox"/>	Manure Storage System Closure	NR 154.04(4)		
<input type="checkbox"/>	Barnyard Runoff Control Systems	NR 154.04(5)		
<input type="checkbox"/>	Access Roads & Cattle Crossings	NR 154.04(6)		
<input type="checkbox"/>	Animal Trails and Walkways	NR 154.04(7)		
<input type="checkbox"/>	Critical Area Stabilization	NR 154.04(10)		
<input type="checkbox"/>	Diversions	NR 154.04(11)		
<input type="checkbox"/>	Field Windbreaks	NR 154.04(12)		
<input type="checkbox"/>	Filter Strips	NR 154.04(13)		
<input type="checkbox"/>	Grade Stabilization	NR 154.04(14)		
<input type="checkbox"/>	Heavy Use Area Protection	NR 154.04(15)		
<input type="checkbox"/>	Lake Sediment Treatment	NR 154.04(16)		
<input type="checkbox"/>	Livestock Fencing	NR 154.04(17)		
<input type="checkbox"/>	Livestock Watering Facilities	NR 154.04(18)		
<input type="checkbox"/>	Relocating or Abandoning Animal Feeding Operations	NR 154.04(23)		
<input type="checkbox"/>	Riparian Buffers	NR 154.04(25)		
<input type="checkbox"/>	Roofs	NR 154.04(26)		

	<i>Practice</i>	<i>Wis. Adm. Code</i>	<i>Estimated/Calculated Offset Generated</i>	<i>Method to Quantify Phosphorus Reduction</i>
<input type="checkbox"/>	Roof Runoff Systems	NR 154.04(27)		
<input type="checkbox"/>	Sediment Basins	NR 154.04(28)		
<input type="checkbox"/>	Sinkhole Treatment	NR 154.04(30)		
<input type="checkbox"/>	Subsurface Drains	NR 154.04(33)		
<input type="checkbox"/>	Terrace Systems	NR 154.04(34)		
<input type="checkbox"/>	Underground Outlets	NR 154.04(35)		
<input type="checkbox"/>	Waste Transfer Systems	NR 154.04(36)		
<input type="checkbox"/>	Wastewater Treatment Strips	NR 154.04(37)		
<input type="checkbox"/>	Water and Sediment Control Basins	NR 154.04(38)		
<input type="checkbox"/>	Waterway Systems	NR 154.04(39)		
<input type="checkbox"/>	Well Decommissioning	NR 154.04(40)		
<input type="checkbox"/>	Wetland Development or Restoration	NR 154.04(41)		
Process Wastewater Handling: NR 154.04(29) & NRCS 629				
<input type="checkbox"/>	Milking Center Waste Control Systems			
<input type="checkbox"/>	Feed Storage Leachate			
Streambank and Shoreline Protection: NR 154.04(31) (includes associated fencing)				
<input type="checkbox"/>	Stream Crossing			
<input type="checkbox"/>	Streambank/Shoreline Rip-rapping			
<input type="checkbox"/>	Streambank/Shoreline Shaping & Seeding			
Cropping Practices				
<input type="checkbox"/>	Contour Farming	NR 154.04(8)		
<input type="checkbox"/>	Cover & Green Manure Crop	NR 154.04(9)		
<input type="checkbox"/>	Nutrient Management	NR 154.04(20)		
<input type="checkbox"/>	Pesticide Management	NR 154.04(21)		
<input type="checkbox"/>	Residue Management	NR 154.04(24)		
<input type="checkbox"/>	Strip-Cropping	NR 154.04(32)		
<input type="checkbox"/>	Other (specify practice and method of quantification)			

<b>Section 4. Urban Nonpoint Source Projects</b>			
<b>What are the urban best management practices (BMPs) to be implemented?</b> (check all that apply)			
<i>Note: See Section 6 for applicable MDV funding restrictions.</i>			
	<i>Practice</i>	<i>Estimated/Calculated Offset Generated</i>	<i>Method to Quantify Phosphorus Reduction</i>
<input type="checkbox"/>	Bioretention for Infiltration		
<input type="checkbox"/>	Infiltration Basin		
<input type="checkbox"/>	Infiltration Trench		
<input type="checkbox"/>	Vegetated Infiltration Swale		
<input type="checkbox"/>	Permeable Pavement		
<input type="checkbox"/>	Wet Detention Pond		
<input type="checkbox"/>	Proprietary Storm Water Sedimentation Device		
<input type="checkbox"/>	Constructed Wetland Basin		
<input type="checkbox"/>	Grassed Swale		
<input type="checkbox"/>	Vegetated Filter Strip		
<input type="checkbox"/>	Filtration Device		
<input type="checkbox"/>	Proprietary Filtration Device		
<input type="checkbox"/>	Accelerated/High Efficiency Street Sweeper		
<input type="checkbox"/>	Other Structural Urban Best Management Practice; Specify:		
<input type="checkbox"/>	Shoreline Habitat Restoration for Developed Area NR 154.04(29); Specify:		
<input type="checkbox"/>	Other Projects/Practices; Specify:		
<b>Section 5. Other Plan Components</b>			
		Total Pounds of TP Per Year	
a. Estimated annual offset needed:			
b. Estimated total offset generated (sum of estimated/calculated offsets in Sections 3-5):			
<i>Difference (a-b):</i>			
If additional offsets are needed the plan should describe how these offsets will be achieved. Page Number/Section:			
Describe all other funds that will compliment MDV funds in project:			

Does the plan have a narrative that describes:		Page Number/Section:
a. Description of existing land uses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Location where offsets will be generated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Timeline for installation and maintenance of offsets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Tracking procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Verification procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. History of project site(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section 6. Certifications</b>		
<i>Note: This section applies to all plans. By checking each box, the Permittee certifies the following.</i>		
<input type="checkbox"/>	MDV funding will not be used to implement or maintain practices that were previously funded or implemented via another local, state, or federal program.	
<input type="checkbox"/>	MDV payments will not be made for practices to maintain or restore compliance with a performance standard on farmland if a local or state agency has previously determined or a landowner has self-certified that the farmland has achieved compliance with that performance standard.	
<input type="checkbox"/>	MDV funding will not be used to fund activities and practices required to comply with a MS4 or CAFO WPDES permit.	
Based on the information provided, I believe that coverage under the multi-discharger phosphorus variance is justified based on s. 283.16, Wis. Stat. I understand that this plan, upon approval, will be reflected in the WPDES permit issued to this facility. I certify that this information provided is true, accurate, and complete.		
Authorized Representative Submitting Request	Title	Date

**Notice:** Pursuant to s. 283.16, Wis. Stats, an owner of an existing permitted wastewater treatment system may apply for a variance to a phosphorus water quality based effluent limits (WQBEL). This form should be completed and submitted to the Department to request coverage under the multi-discharger variance for phosphorus. Personally identifiable information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

<b>Facility and Permit Information</b>			<b>Facility Contact Information</b>		
WPDES Permit No.			Contact Name		
Facility Name			Title		
Facility Street Address			Address		
City	State	Zip Code	City	State	Zip Code
Receiving Water	County		Phone Number	Fax Number	
Source of Water Supply	Average Discharge Flow Rate		Email Address		
<b>Variance Request Schedule</b>					<i>Check all that apply:</i>
1. This variance is being requested at the time of application for permit reissuance pursuant to s. 283.16(4)(b)1, Wis. Stat.					<input type="checkbox"/>
2. This variance is being requested within 60 days after the department reissues or modifies the permit to include a phosphorus WQBEL pursuant to s. 283.16(4)(b)2, Wis. Stat.					<input type="checkbox"/>
3. This variance is being requested from a current WPDES Permit pursuant to 283.16(4)(b)3, Wis. Stat. Date of Current Permit Issuance: <i>Note: WPDES permit must be issued prior to April 2014.</i>					<input type="checkbox"/>
4. Has the MDV been included in previously issued WPDES Permits? Yes <input type="checkbox"/> How many permits has the MDV been approved for? No <input type="checkbox"/>					
<b>Variance Requirements</b>					
5. Has this point source discharge been authorized by a WPDES permit prior to December 1, 2010? <i>Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has this point source relocated its outfall location since December 1, 2010?					<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What is the category of industrial discharge the facility is seeking coverage under for the MDV?					<input type="checkbox"/> Paper <input type="checkbox"/> Food Processor <input type="checkbox"/> Cheese <input type="checkbox"/> Aquaculture <input type="checkbox"/> NCCW or other similar WW <input type="checkbox"/> Other, Specify:

<p>8. Is the point source located in an eligible MDV county as specified in Appendix H of the MDV Implementation Guidance?</p> <p><i>Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP.</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No															
<p>9. Does this limit require a major facility upgrade in order to achieve compliance?</p> <p>Justify:</p> <p><i>Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP. A major facility upgrade means that a facility needs to install new equipment and a new process such as installing filtration or equivalent technology.</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No															
<p>10. Phosphorus Water Quality-Based Effluent Limitation from which variance is sought:</p> <p><input type="checkbox"/> Concentration-based WQBEL pursuant to s. NR 217.13, Wis. Adm. Code  <input type="checkbox"/> TMDL mass-based WQBEL pursuant to s. NR 217.16, Wis. Adm. Code</p> <p>Check all months for which variance is requested:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> All months</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Jan</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Apr</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> July</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Oct</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Feb</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> May</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Aug</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Nov</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Mar</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> June</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Sep</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Dec</td> </tr> </table>		<input type="checkbox"/> All months	<input type="checkbox"/> Jan	<input type="checkbox"/> Apr	<input type="checkbox"/> July	<input type="checkbox"/> Oct		<input type="checkbox"/> Feb	<input type="checkbox"/> May	<input type="checkbox"/> Aug	<input type="checkbox"/> Nov		<input type="checkbox"/> Mar	<input type="checkbox"/> June	<input type="checkbox"/> Sep	<input type="checkbox"/> Dec
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<p>11. Do you believe these limits could be achieved during the term of the permit?</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No															
<p>12. Current effluent quality</p> <p><i>Note: Use 30-day P99 if 11 or more representative effluent samples are present. Only include effluent data for those outfall(s) a variance is being requested for.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: center;"><u>Outfall Number(s)</u></th> <th style="width: 25%; text-align: center;"><u>Conc. (mg/L)</u></th> <th style="width: 25%; text-align: center;"><u>Number of Samples Results Used</u></th> <th style="width: 25%; text-align: center;"><u>Sample Time Period Used</u></th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Outfall Number(s)</u>	<u>Conc. (mg/L)</u>	<u>Number of Samples Results Used</u>	<u>Sample Time Period Used</u>											
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<p>13. Are applicable phosphorus limits currently effective in the WPDES permit more restrictive than 1 mg/L?</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No															
<p><b>Facility Information (provide attachments as necessary)</b></p>																
<p>14. What are the average phosphorus levels within your influent TP concentration?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border: 1px solid black;"></td> <td style="width: 20%; border: 1px solid black; text-align: center;">mg/L</td> </tr> </table>		mg/L													
	mg/L															
<p>15. What is the water supply source?</p> <p><input type="checkbox"/> 100% directly from a surface water  <input type="checkbox"/> 100% directly from a well(s)  <input type="checkbox"/> Mix of well water and surface water  <input type="checkbox"/> 100% from municipal water supply or mix of municipal water and either well or surface water;</p> <p style="margin-left: 20px;">Name of water supply:</p>																

Does the water utility add phosphorus for corrosion control or for iron or manganese sequestration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Has the treatment process at the facility been optimized to maximize its phosphorus removal capabilities?	<input type="checkbox"/> Yes Completion date:  <input type="checkbox"/> No, but in process of completing  <input type="checkbox"/> No, not yet started
17. Has a phosphorus compliance alternatives plan been approved by the Department?	<input type="checkbox"/> Yes Approval date:  <input type="checkbox"/> No, but in process of completing  <input type="checkbox"/> No, not yet started
18. Briefly describe the technology that would need to be added to comply with phosphorus limits in your permit:	
19. <i>Phosphorus-Containing Additives</i> - Does the facility use phosphorus-containing additives? <input type="checkbox"/> Yes Can the facility discontinue the use of the phosphorus-containing products or can the product be substituted to eliminate or reduce the introduction of phosphorus? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	
20. <i>Internal Waste Streams</i> - Can the facility segregate the internal waste streams containing phosphorus and cost effectively treat this portion of the effluent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Attach any new or additional information that you would like to provide the Department regarding optimization measures and/or compliance alternatives planning efforts.	
<b>Projected Compliance Costs</b>	
21. What is the projected net present value cost for complying with the phosphorus WQBELs?  Source of cost projection:	\$
<i>Note: If a facility uses projected compliances costs provided in the Economic</i>	

<p><i>Impacts Analysis, they must certify that these costs are reasonable for the facility in question. See "projected compliance costs" in Section 2.02 of the MDV Implementation Guidance for details.</i></p>	
<p>22. Has the feasibility of water quality trading or adaptive management been evaluated for the facility?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>23. Is the facility eligible for adaptive management or water quality trading?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>24. What is the needed offset to comply with AM/WQT?</p>	<p>lbs/year</p> <input type="checkbox"/> Unknown at this time
<p>25. Is adaptive management or water quality trading a viable compliance option?          Describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Affordability to Industrial Dischargers</u></b>	
<p>26. Do you believe phosphorus compliance costs will cause a substantial economic or social impact to the facility?</p> <p><input type="checkbox"/> Yes, such as (check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduction of employment</li> <li><input type="checkbox"/> Decrease/loss of investment</li> <li><input type="checkbox"/> Inability to compete</li> <li><input type="checkbox"/> Potential relocation or facility closing</li> <li><input type="checkbox"/> Other; Describe:</li> </ul> <p><input type="checkbox"/> No</p>	
<p>27. Do you also send waste to a municipal wastewater treatment facility?</p> <p><input type="checkbox"/> Yes, Name: _____</p> <p style="padding-left: 40px;">Are your sewer rates expected to increase due to phosphorus compliance at the municipal wastewater treatment facility?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Unknown</li> </ul> <p><input type="checkbox"/> No</p>	
<p>28. What is the secondary indicator score for the county the facility is located in?</p>	
<p><i>Note: See Appendices B-F of the MDV Implementation Guidance for details.</i></p>	
<p><b><u>Watershed Project.</u></b> Select one of the following watershed project options:</p>	
<p>Option A. County payment contribution</p>	<input type="checkbox"/>

Option B. Binding, written agreement with the DNR to construct a project or implement a watershed plan. <i>Submit Form 3200-XXX with MDV application.</i>	<input type="checkbox"/>
Option C. Binding, written agreement with another entity that is approved by the DNR to construct a project or implement a watershed plan. <i>Submit Form 3200-XXX with MDV application.</i>	<input type="checkbox"/>
<b><u>Certification</u></b>	
<p>Based on the information provided, I believe that my permitted facility qualifies for coverage under the multi-discharger phosphorus variance based on the requirements of s. Wis. Stat. 283.16 (4), Wis. Stat. I understand that as a condition of the variance, the Department will impose interim limitations and require a watershed project or plan to be completed as part of the phosphorus reduction measures for phosphorus during the term of the variance in accordance with s. Wis. Stat. 283.16(6). I understand that these conditions will be included in the WPDES permit issued to this facility and I agree to comply with all applicable permit conditions for this variance. I hereby certify that the determination in Wis. Stat. 283.16(2)(a) applies to my permitted facility and that my permitted facility cannot otherwise comply with its phosphorus water quality based effluent limitations without a major facility upgrade. To the best of my knowledge, the information in this application is true, accurate, and complete.</p>	
Print or type name of person submitting request (Individual must be an Authorized Representative)	Title
Signature of Official	Date Signed

**Notice:** Pursuant to s. 283.16, Wis. Stats, an owner of an existing permitted wastewater treatment system may apply for a variance to a phosphorus water quality based effluent limits (WQBEL). This form should be completed and submitted to the Department to request coverage under the multi-discharger variance for phosphorus. Personally identifiable information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

<b>Facility and Permit Information</b>			<b>Facility Contact Information</b>		
WPDES Permit No.			Contact Name		
Facility Name			Title		
Facility Street Address			Address		
City	State	Zip Code	City	State	Zip Code
Receiving Water	County		Phone Number	Fax Number	
Source of Water Supply	Average Discharge Flow Rate		Email Address		
<b>Variance Request Schedule</b>					<i>Check all that apply:</i>
1. This variance is being requested at the time of application for permit reissuance pursuant to s. 283.16(4)(b)1, Wis. Stat.					<input type="checkbox"/>
2. This variance is being requested within 60 days after the department reissues or modifies the permit to include a phosphorus WQBEL pursuant to s. 283.16(4)(b)2, Wis. Stat.					<input type="checkbox"/>
3. This variance is being requested from a current WPDES Permit pursuant to 283.16(4)(b)3, Wis. Stat. Date of Current Permit Issuance: <i>Note: WPDES permit must be issued prior to April 2014.</i>					<input type="checkbox"/>
4. Has the MDV been included in previously issued WPDES Permits? <input type="checkbox"/> Yes How many permits has the MDV been approved for? <input type="checkbox"/> No					
<b>Variance Requirements</b>					
5. Has this point source discharge been authorized by a WPDES permit prior to December 1, 2010? <i>Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP.</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Has this point source relocated its outfall location since December 1, 2010?					Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is the point source located in an eligible MDV county as specified in Appendix H of the MDV Implementation Guidance? <i>Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP.</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Does this limit require a major facility upgrade in order to achieve compliance? Justify:					Yes <input type="checkbox"/> No <input type="checkbox"/>

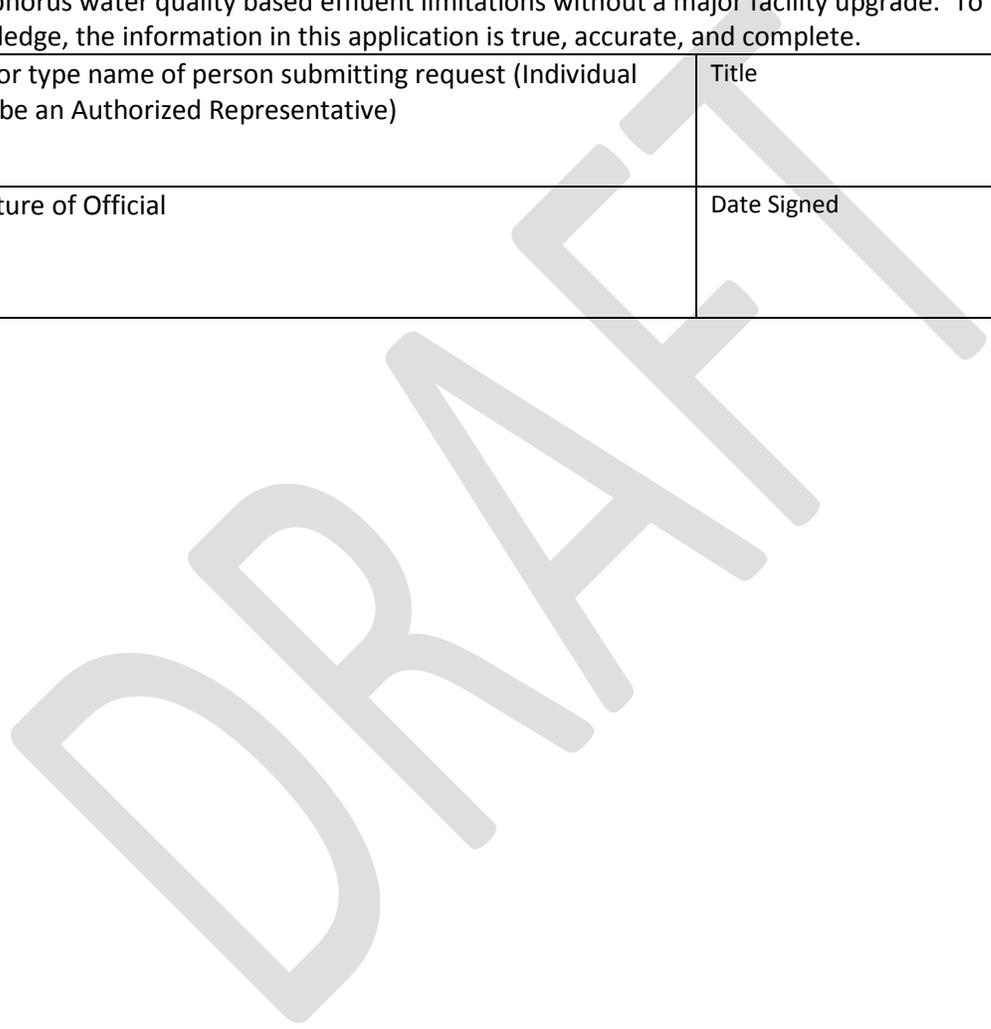
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<p>9. Phosphorus Water Quality-Based Effluent Limitation from which variance is sought:  <input type="checkbox"/> Concentration-based WQBEL pursuant to s. NR 217.13, Wis. Adm. Code  <input type="checkbox"/> TMDL mass-based WQBEL pursuant to s. NR 217.16, Wis. Adm. Code          Check all months for which variance is requested:</p>			
<input type="checkbox"/> All months	<input type="checkbox"/> Jan	<input type="checkbox"/> Apr	<input type="checkbox"/> July
	<input type="checkbox"/> Feb	<input type="checkbox"/> May	<input type="checkbox"/> Aug
	<input type="checkbox"/> Mar	<input type="checkbox"/> June	<input type="checkbox"/> Dec
<p>10. Do you believe these limits could be achieved during the term of the permit?</p>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>11. Current effluent quality  <i>Note: Use 30-day P99 if 11 or more representative effluent samples are present. Only include effluent data for those outfall(s) a variance is being requested for.</i></p>			
<u>Outfall Number(s)</u>	<u>Conc. (mg/L)</u>	<u>Number of Samples Results Used</u>	<u>Sample Time Period Used</u>
<p>12. Are applicable phosphorus limits currently effective in the WPDES permit more restrictive than 1 mg/L?</p>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Facility Information (provide attachments as necessary)</b>			
<p>13. What are the average phosphorus levels within your influent TP concentration?</p>			mg/L
<p>14. Has the treatment process at the facility been optimized to maximize its phosphorus removal capabilities?</p>			Yes <input type="checkbox"/> Completion date: _____ No, but in process of completing <input type="checkbox"/> No, not yet started <input type="checkbox"/>

<p>15. Has a facility planning or evaluation study for phosphorus been approved by the Department?</p>	<p>Yes <input type="checkbox"/></p> <p>Approval date:</p> <p>No, but in process of completing <input type="checkbox"/></p> <p>No, not yet started <input type="checkbox"/></p>
<p>16. Briefly describe the technology that would need to be added to comply with phosphorus limits in your permit:</p>	
<p>Attach any new or additional information that you would like to provide the Department regarding optimization measures and/or facility planning efforts.</p>	
<p><b><u>Projected Compliance Costs</u></b></p>	
<p>17. What is the projected net present value cost for complying with the phosphorus WQBELs?</p> <p>Source of cost projection:</p> <p><i>Note: If a facility uses projected compliances costs provided in the Economic Impacts Analysis, they must certify that these costs are reasonable for the facility in question. See "projected compliance costs" in Section 2.02 of the MDV Implementation Guidance for details.</i></p>	<p>\$</p>
<p>18. Has the feasibility of water quality trading or adaptive management been evaluated for the facility?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>19. Is the facility eligible for adaptive management or water quality trading?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>20. What is the needed offset to comply with AM/WQT?</p>	<p>lbs/year</p> <p><input type="checkbox"/> Unknown at this time</p>
<p>21. Is adaptive management or water quality trading a viable compliance option? Describe:</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>Service Area Information-</b> Provide the following information for each municipality included in the wastewater facility service area.</p>	

Municipality Name	County	Population Served	Customer Households Served	Median Household Income (MHI)
<b>Non-Residential Customers:</b> Percent of wastewater flow attributed to commercial industrial, large institutional and any other special customer category:				%
Describe types of non-domestic wastewater contributions that constitute a significant phosphorus contribution or that significantly affect the capabilities of the treatment facility. Examples include: large food processors, dairies, or industries with unique wastewater.				
<b><u>Affordability to Municipal Dischargers</u></b>				
22. What is the projected household user charge, expressed as a percent of MHI, once phosphorus compliance costs are factored in?  <i>Attach supporting information on a separate attachment to this form. The applicant may also provide additional information on impacts to commercial, industrial, or other special customers or any other information regarding affordability.</i>			%	
23. What is the secondary indicator score for the county (counties) in which the service area is located in?  <i>Note: See Appendix A of the MDV Implementation Guidance for details. If the service area is located in multiple counties, provide the weighted average value.</i>				
<b><u>Watershed Project.</u></b> Select one of the following watershed project options:				
Option A. County payment contribution			<input type="checkbox"/>	
Option B. Binding, written agreement with the DNR to construct a project or implement a watershed plan. <i>Submit Form 3200-XXX with MDV application.</i>			<input type="checkbox"/>	
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<b><u>Certification</u></b>				

Based on the information provided, I believe that my permitted facility qualifies for coverage under the multi-discharger phosphorus variance based on the requirements of s. Wis. Stat. 283.16 (4), Wis. Stat. I understand that as a condition of the variance, the Department will impose interim limitations and require a watershed project or plan to be completed as part of the phosphorus reduction measures for phosphorus during the term of the variance in accordance with s. Wis. Stat. 283.16(6). I understand that these conditions will be included in the WPDES permit issued to this facility and I agree to comply with all applicable permit conditions for this variance. I hereby certify that the determination in Wis. Stat. 283.16(2)(a) applies to my permitted facility and that my permitted facility cannot otherwise comply with its phosphorus water quality based effluent limitations without a major facility upgrade. To the best of my knowledge, the information in this application is true, accurate, and complete.

Print or type name of person submitting request (Individual must be an Authorized Representative)	Title
Signature of Official	Date Signed



**Phosphorus Multi-Discharger Variance Payment  
 Verification Form**

Form 3200-151  
 3/9/2016

<b><u>Participant Information</u></b>			
Permittee Name		Permit Number	
Facility Street Address			
City		State	Zip Code
Contact Name		Title	
Email		Phone Number	
Address (if different than above)			
City		State	Zip Code
List the County Name and Payments Made to Each Participating County			
<u>County Name</u>	<u>Payment</u>	<u>Date Payment Was Distributed</u>	
	<i>Total:</i>		
I certify that this information provided is true, accurate, and complete. I understand that incorrect payments or payments made after March 1 <sup>st</sup> constitute a WPDES permit violation is and subject to potential enforcement.			
Individual Submitting Request (Individual must be an Authorized Representative)		Title	Date